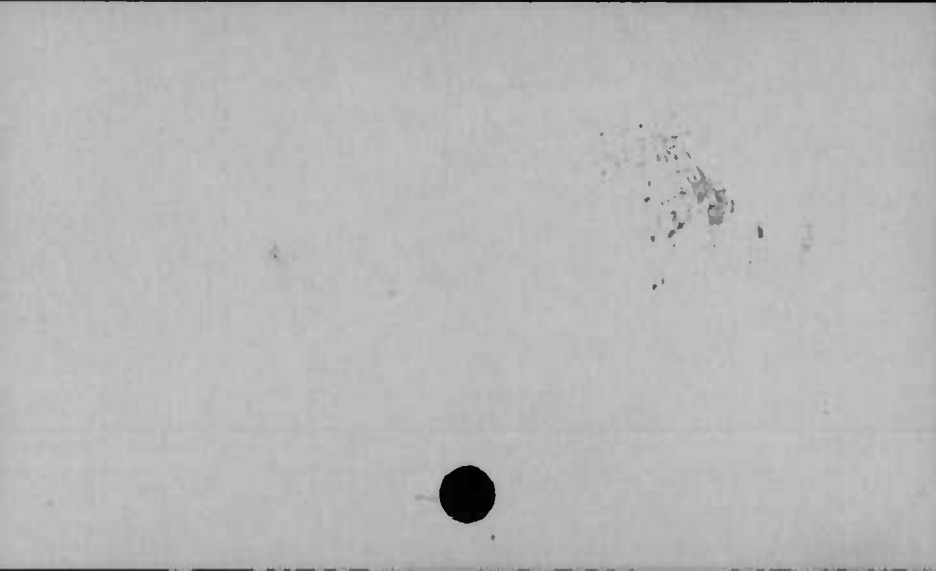


Name in Full Clarence Banks  
 Town Unity County Montgomery MARYLAND  
 Died at 1905 Month Aug Day 18 M. 4 D. 4 Native of Montgomery Occupation   
 Date 1905 Age 4 Male White Married Widow Divorced  
Female Colored Single Widower Number of children living   
 Husband of   
 Wife of   
 Father's Name Robt Banks Mother's Name Gertie Addison  
 Cause of Death { Primary Heart (61) How long sick 3 weeks  
 { Immediate meningitis Accident, Suicide, Homicide  
 Reported by H. W. Spurrin M.D.  
 Address Unity, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alice May Bohrer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bethesda <sup>Town</sup> Montgomery <sup>County</sup> MARYLAND

Date of death 1905 <sup>Month</sup> Aug. <sup>Day</sup> 3 <sup>Years</sup> Age 37 <sup>Months</sup> 0 <sup>Days</sup> 1

Sex Female Color or Race white Birth-place DC

Occupation House-wife Where Residing if not at place of death ✓

Married, Single or Widowed Name of ~~Wife~~ or Husband Henry B. Bohrer

Father's Name Chas. M. Robinson Father's Birthplace Ind.

Mother's Maiden Name Ind. Mother's Birthplace Ind.

Name of person giving information Henry B. Bohrer How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

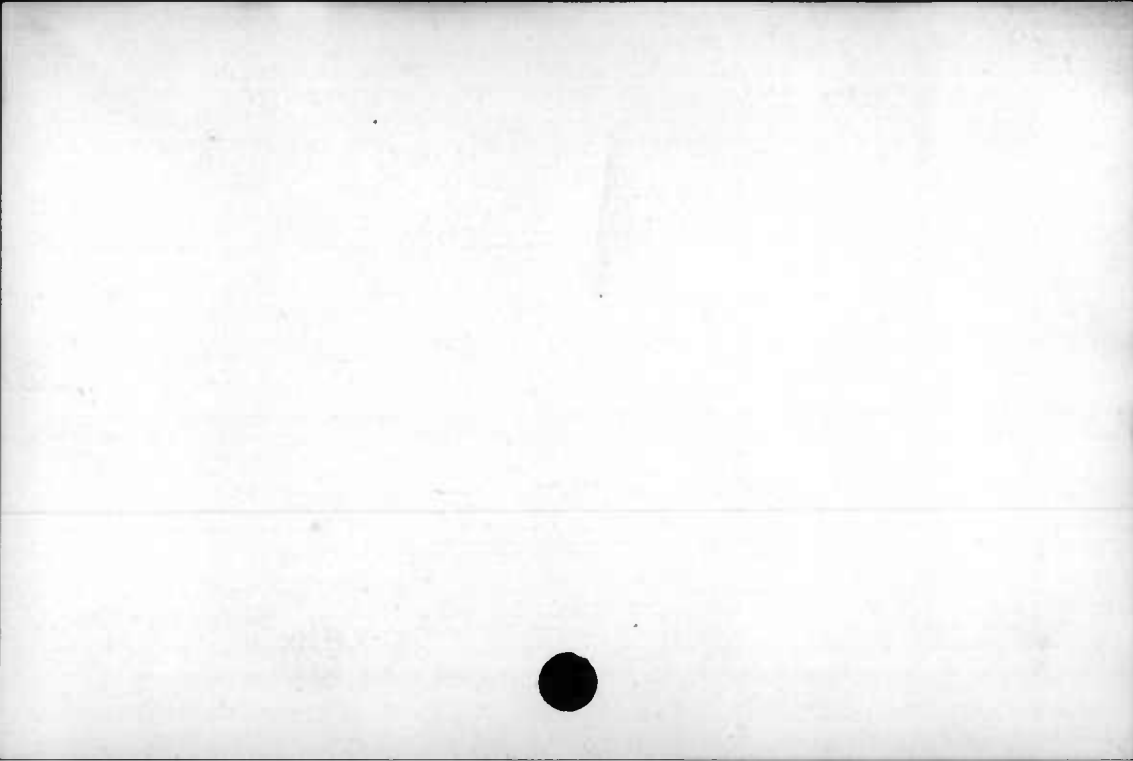
Primary Placenta Previa (134) How long 16 hrs.

Immediate Loss of blood & weak heart How long ✓

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John L. Lewis, M.D.

Address Bethesda Md.

Accident or Suicide? no



Name  
in  
Full

(Steel-Born) Bohrer

## CERTIFICATE OF DEATH

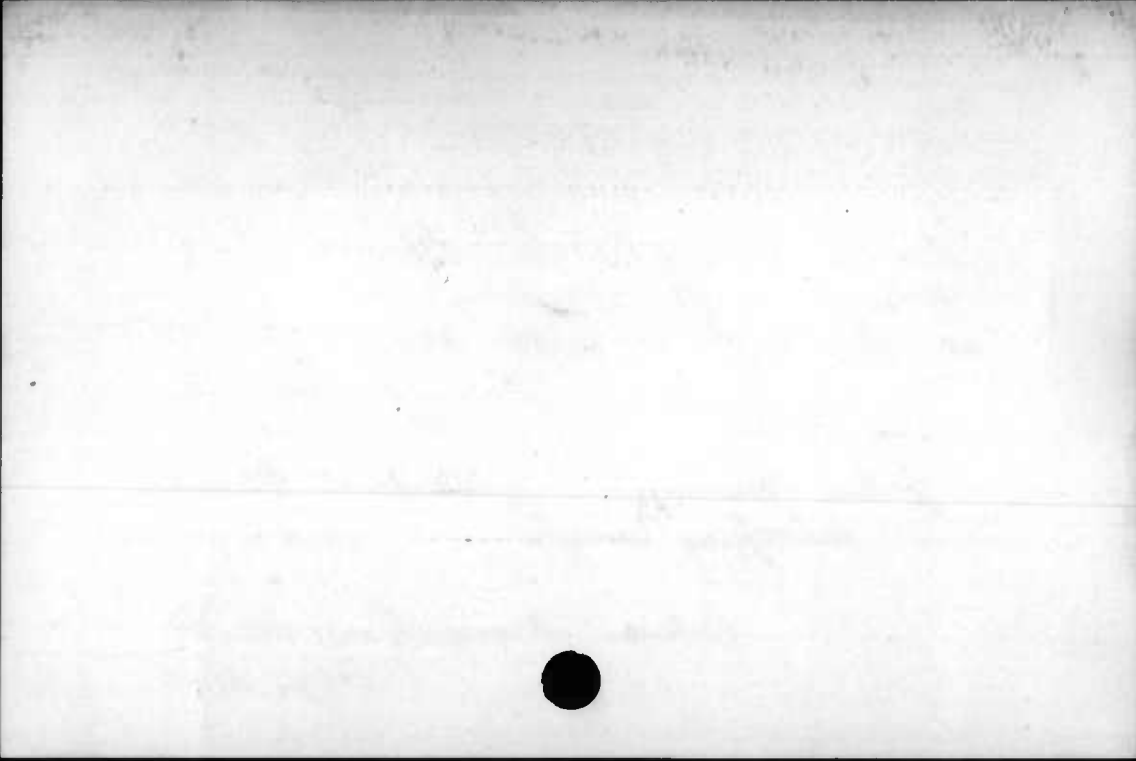
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bertuda</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Aug.</i>	Day <i>3</i>	Age <i>Steel born</i>	Years	Months <i>6</i>	Days <i>0</i>
Sex <i>white female</i>	Color or Race <i>white</i>			Birth-place <i>Bertuda, Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>S.</i>			
Father's Name <i>Henry B. Bohrer</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Alice May Robinson</i>				Mother's Birthplace <i>D.C.</i>			
Name of person giving information <i>Henry B. Bohrer</i>				How related to deceased <i>Farther</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>S.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John L. Lewis, M.D.</i>
		Address <i>Bertuda, Md.</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Mary Anne Maria Bowie

Town

County

Died at

Olney

Montgomery

MARYLAND

Date 1905 Aug. 2 Month Day Y. M. D. Age 11-17 Native of Mod Occupation —  
~~Male~~ ~~White~~ ~~Martied~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's Name

John Bowie

Mother's

Maiden Name

Margaret Phoenix

Cause of

Primary

Whooping Cough

How long sick

About 6 weeks.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Lehas. Farguehan, M.D.,  
 Olney, Mod.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Elmer James Browne.

Died at <sup>Town</sup> Foulke's Hosp. <sup>County</sup> Beltsville. Mont Co. MARYLAND

1901  
 Date 189 8 19 0 3 2 0  
 Male White Married Widow Divorced  
~~Single~~ ~~Widower~~ Number 0 children living

Husband of ?  
 Wife of ?  
 Father's Name ? Mother's Name 15

Cause of Death { Primary Malnutrition  
 Immediate & exhaustion  
 How long sick During life  
 Accident, Suicide, Homicide

Reported by Bellevue, Md.  
 Address 1232 14th St. Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name  
in  
Full

## CERTIFICATE OF DEATH

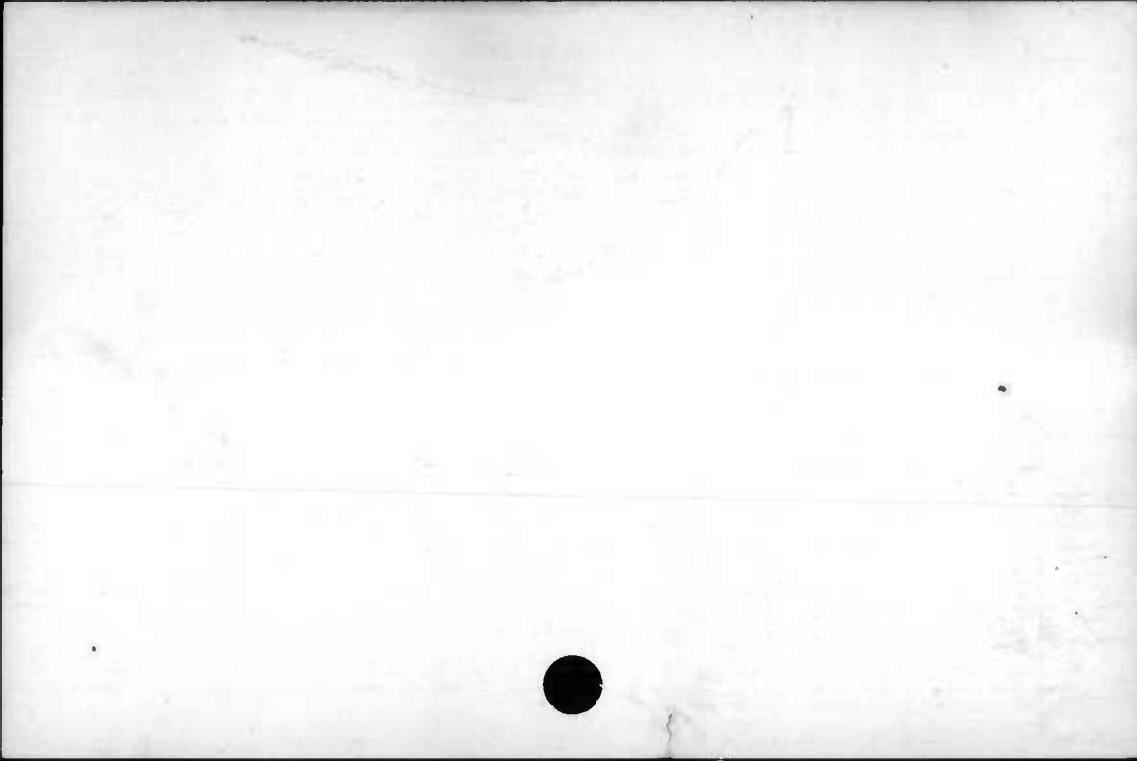
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lettie Butler</i>		Town <i>Martinsburg</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Martinsburg</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>21</i>	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>21</i>	
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Maryland</i>			
Occupation <i></i>		Where Residing if not at place of death <i>Martinsburg Md</i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i>Lloyd Butler</i>					
Father's Name <i>Robert Thomas</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lizzie Lyles</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Lloyd Butler</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>one year</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Richard L. Gott</i>	
		Address <i>Boherville Md</i>	
Accident or Suicide? <i></i>			



Name  
in  
Full

Lewis A Butler

## CERTIFICATE OF DEATH

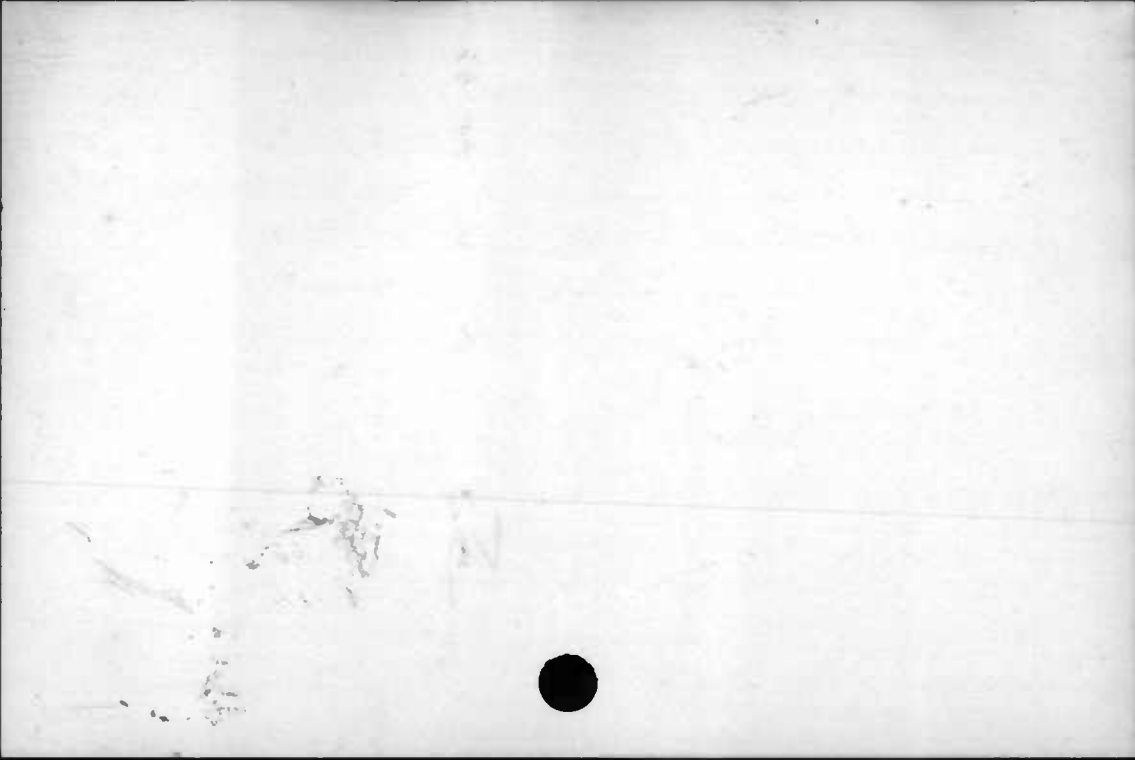
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burnh Mills</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>8</i>	Age <i>50</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Richmond, Va.</i>		
Occupation <i>Coater</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennie Howard</i>				
Father's Name <i>Lewis A Butler</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Elyse Butler</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>Jennie Butler</i>	How related to deceased <i>Therapist</i>				

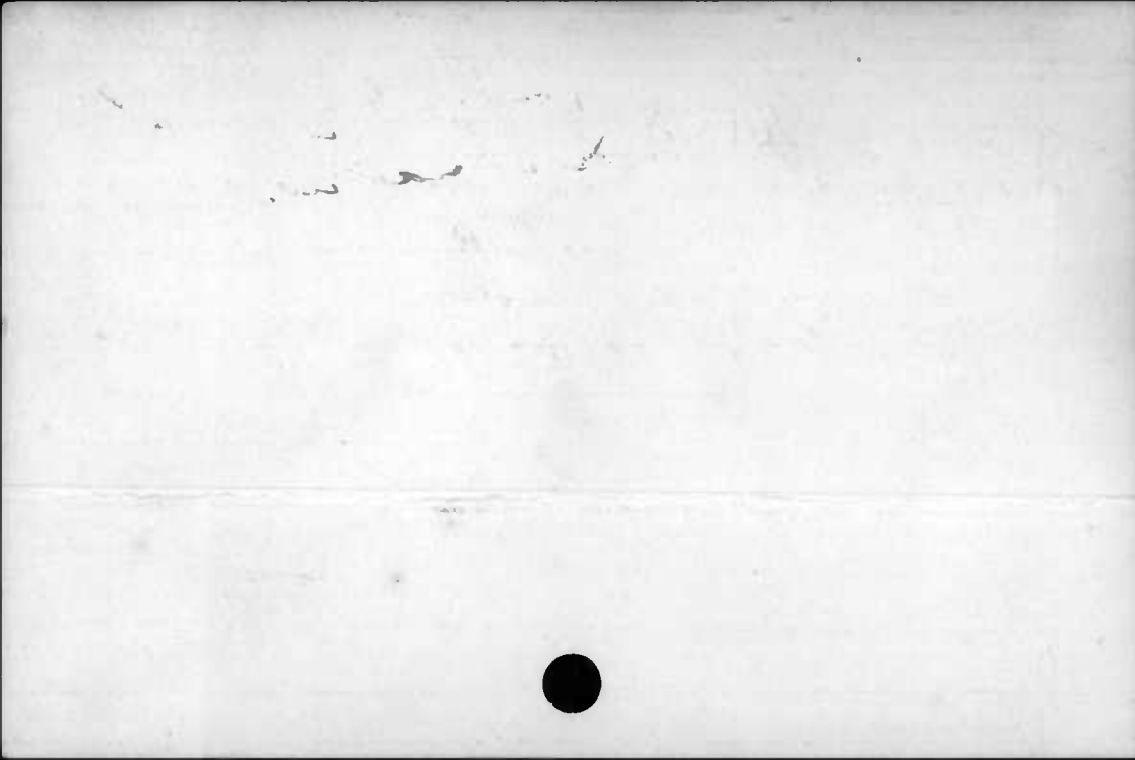
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma</i>	How long <i>one year</i>
Immediate <i>Perforation of bowel</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Brown M.D.</i>
<i>Yes.</i>	Address <i>Burnh Mills Md.</i>
Accident or Suicide?	



Name in Full		Margaret M. Coughlan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 1905		Month	Day	Age	Months
		Sex		Color or Race		Birth-place	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name			Father's Birthplace		
		Mother's Maiden Name			Mother's Birthplace		
		Name of person giving information			How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
						Address	
		Accident or Suicide?					





Name  
in  
Full

Wilson Cowell

## CERTIFICATE OF DEATH

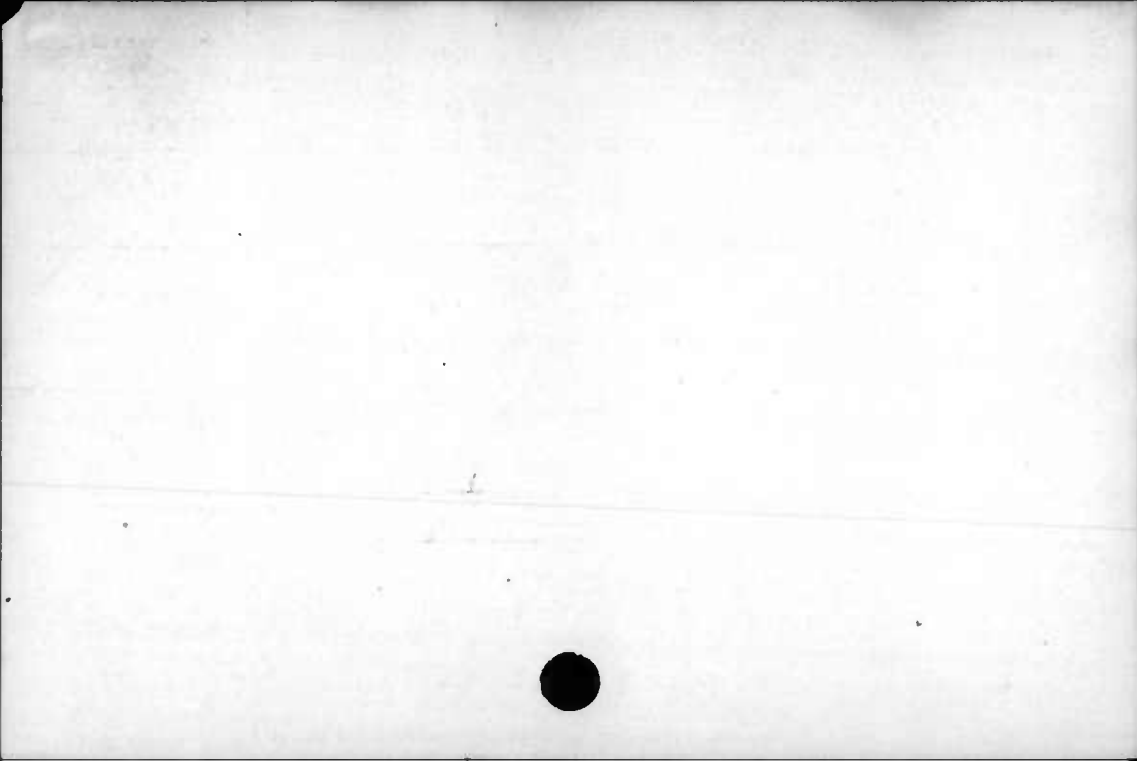
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Aspen</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Aug.</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>16</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Occupation <i>School-boy</i>		Where Residing if not at place of death <i>Doswell, Virginia</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>[check]</i>				
Father's Name <i>S. W. Cowell</i>	<i>166</i>		Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>J. C. Cowell</i>			How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gun-shot by accident,</i>	How long <i>Death was</i>
Immediate <i>entering brain</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis, M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name in Full

Certificate of Death

Died at Sandy Spring Town Hopkins County Montgomery MARYLAND  
 Date 1905 Aug. 15 Month Day Y. M. D. Age 10 Native of Montg. Md Occupation —  
 Male White Married Widow Divorced —  
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's Name William Hopkins Mother's Maiden Name Blanche Dent

Cause of Death { Primary Whooping cough & diphtheria How long sick 30 days  
 Immediate Strangulation (A) ~~Accident, Suicide, Homicide~~

Reported by

Address

Chas. Farquhar, H. O.  
Olney, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

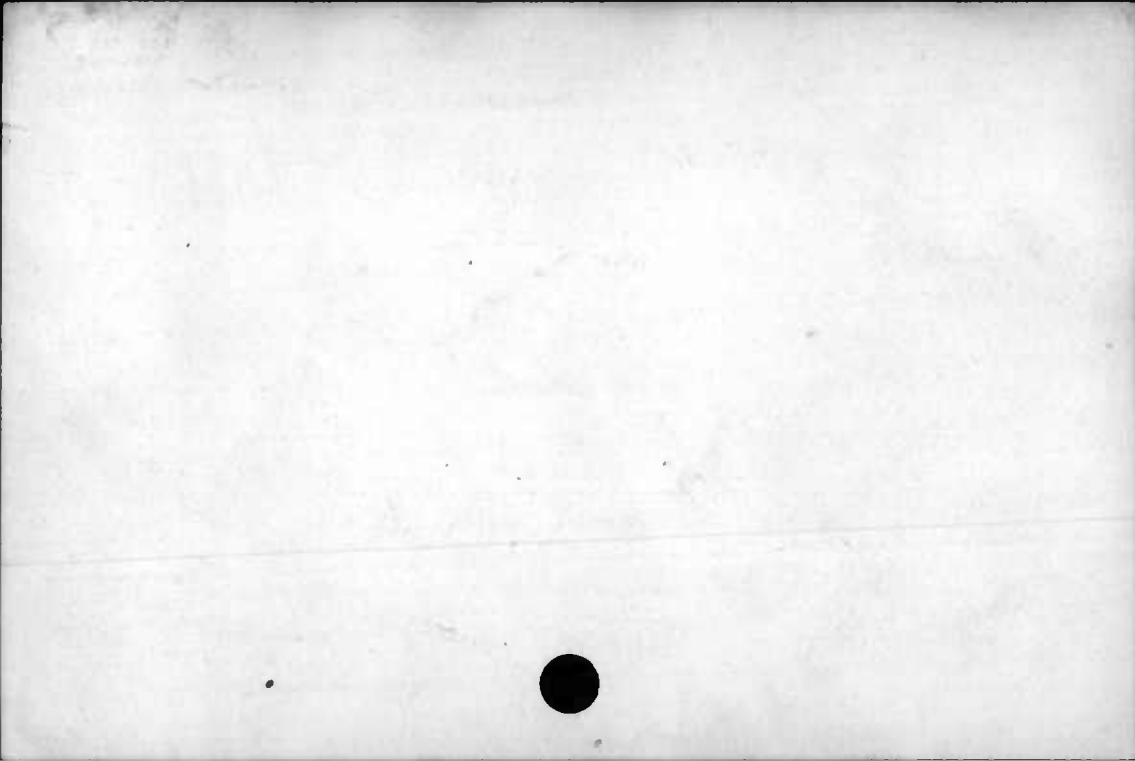
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Samuel Dickinson</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Mount Zion</i>		Town <i>Montgomery</i>			
Date of death <i>1905</i>	Month <i>August</i>	Day <i>Monday</i>	Age <i>73</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Caroline Sedgewick</i>			
Father's Name <i>Cannot be given</i>			Father's Birthplace		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Montgomery Co</i>		
Name of person giving information <i>George W Dorsey</i>			How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>advanced age</i>	How long <i>4 years</i>
Immediate <i>Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Basie B Crawford</i>
	Address <i>Laytonville Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Isabella Diggs

## CERTIFICATE OF DEATH

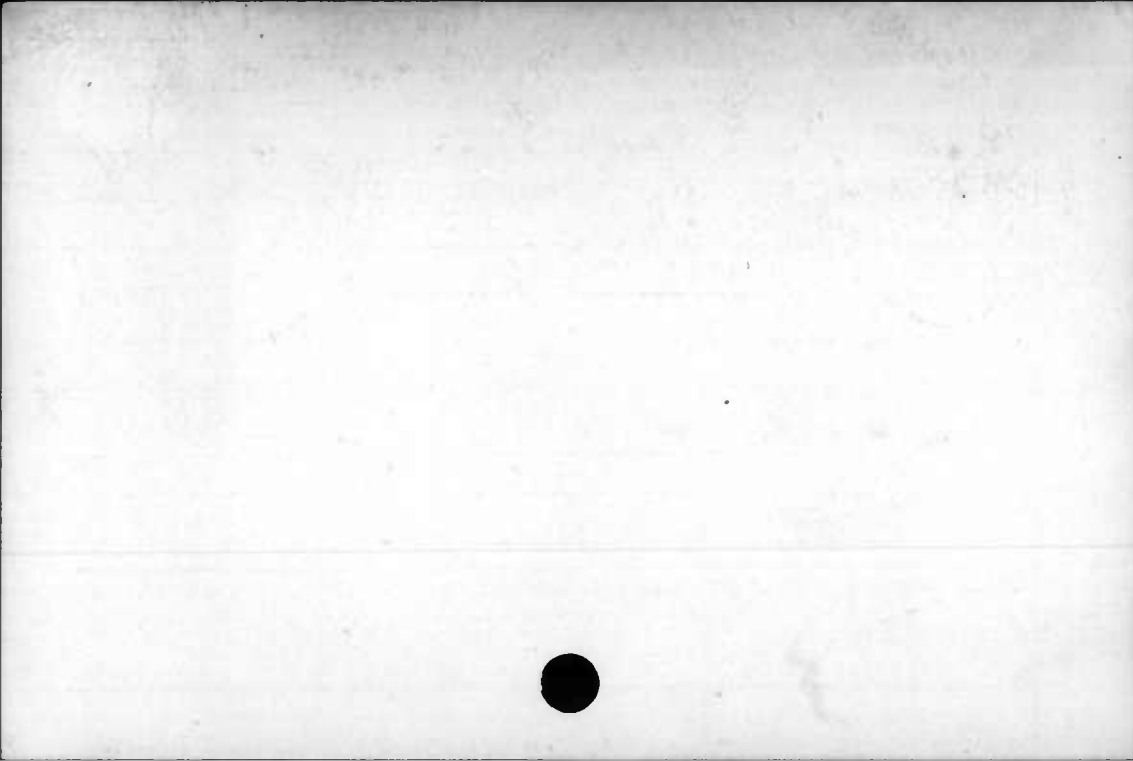
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Raytownville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1905	Month	August	Day	16
Age	50	Years	2	Months	9
Sex	Female	Color or Race	Colored	Birth-place	Montgomery Co
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of wife or Husband <i>John Diggs</i>		
Father's Name	<i>George H Thomas</i>			Father's Birthplace	—
Mother's Maiden Name	<i>Mary Ann Ridgely</i>			Mother's Birthplace	—
Name of person giving information	<i>John Diggs</i>			How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic typhoid</i>	How long	—
Immediate	<i>Acute gastro enteritis</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W H Dixon</i>
		Address	<i>Raytownville Md</i>
Accident or Suicide?			





Mrs Mary Elizabeth Galloway -

Town

County

Died at near *Darnestown* *Montgomery* MARYLAND

Date *1/05* 1899 Month *8* Day *10* Y. *74* M. *74* D. *74* Native of *Maryland* Occupation *Housewife*

Male *White* Married *Widow* Divorced *Widow*

Female *Colored* Single *Widow* Number of children living *9*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death { Primary *General Debility* How long sick *Several years*

Death { Immediate *Mitral Insufficiency with Pulmonary Congestion* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Keeningshtn</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>17</i>	Years <i>67</i>	Months <i>4</i>	Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D.C.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Estella Lane Gattrell</i>					
Father's Name <i>Gattrell</i>		Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Miss Israel</i>		Mother's Birthplace <i>D.C.</i>					
Name of person giving information <i>Scott Israel</i>		How related to deceased <i>Grand Son</i>					

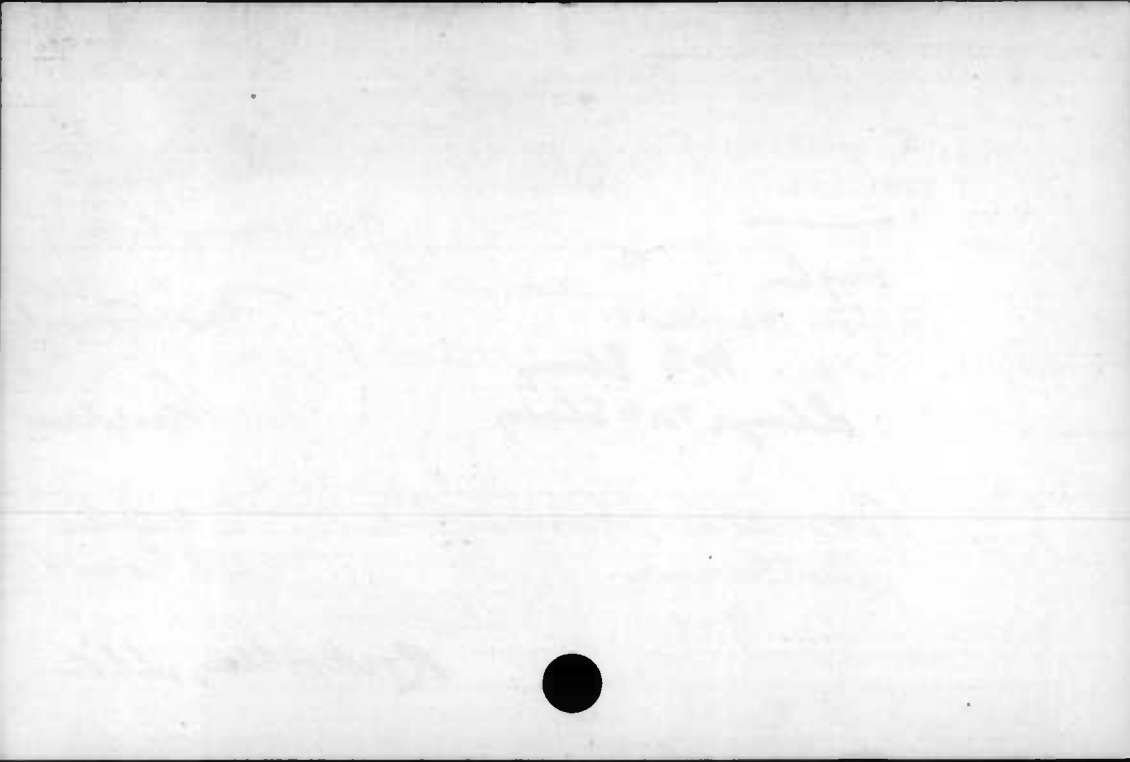
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Dis. Heart</i>	How long	<i>Several yrs</i>
Immediate	<i>Tuberculosis of right lung</i>	How long	<i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Eugene Jones</i>	
		Address <i>Keeningshtn Md.</i>	
Accident or Suicide? <i>No</i>			



Name in Full		George C. Gray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rockville		Montgomery		MARYLAND	
	Date of death	1905	Month 8	Day 23	Age	Years —	Months 2 Days —
	Sex	Male		Color or Race	Negro		Birth-place
	Occupation	None		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Don't know				Father's Birthplace	Maryland
PHYSICIAN OR CORONER	Mother's Maiden Name	Jackson				Mother's Birthplace	Maryland
	Name of person giving information	Robert Brown				How related to deceased	Not at all
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Malnutrition				How long	Two months
	Immediate	Convulsions				How long	Three hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Edward Anderson MD
						Address	Rockville, Md.
Accident or Suicide?							



Margaret Higgins

Town

County

Died at

MARYLAND

Date 1905 8 5 76 — Maryland Housewife  
 Male White Married Widow Divorced  
 Female Colored Single Widower \* Number of children living Two

Husband  
of  
Wife

Helony O. Higgins

Father's  
Name

James Shaw

Mother's  
Name

Cause of

Primary Paralysis

How long sick

4 years

Death

Immediate Heart Failure

Accident, Suicide, Homicide

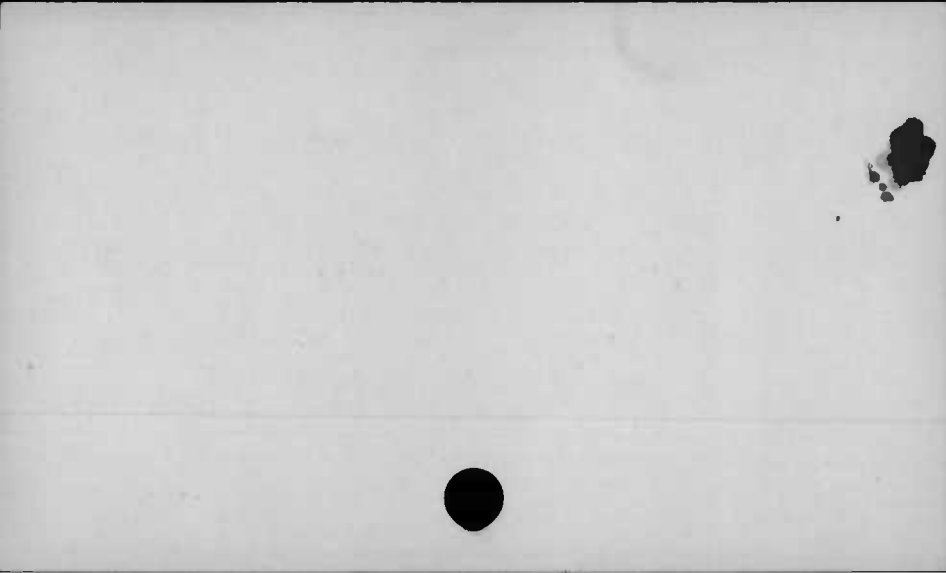
Reported by

Roger Burke

Address

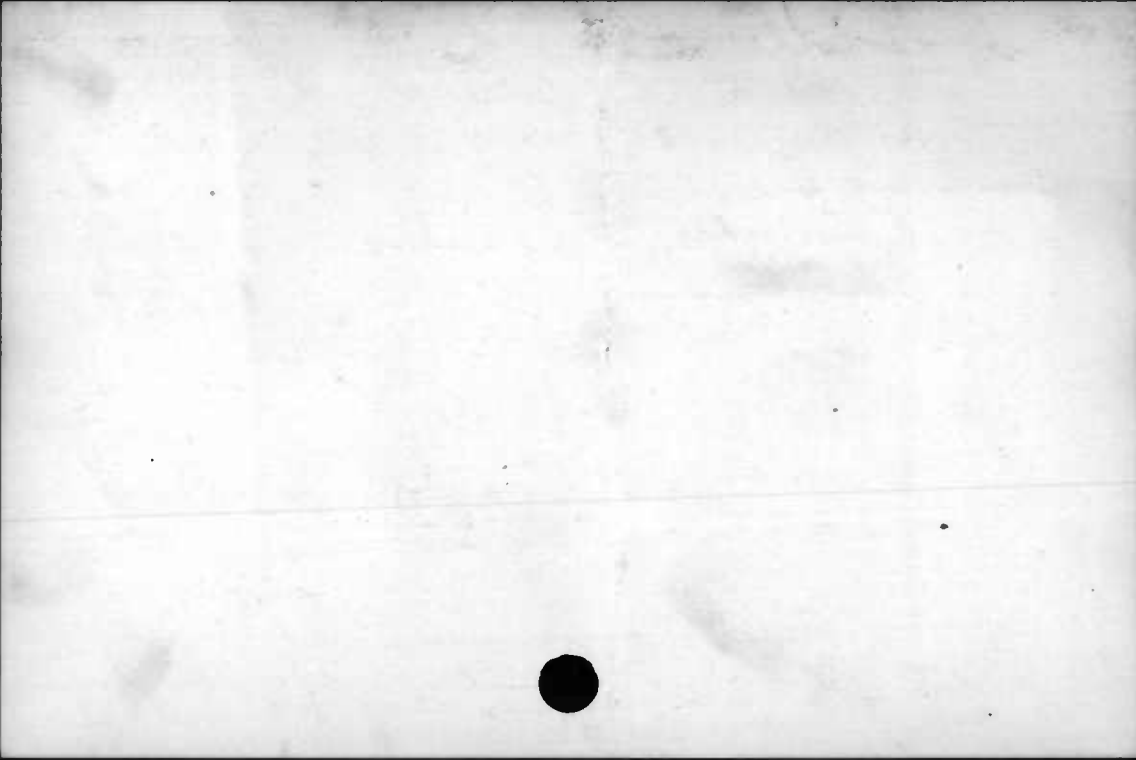
Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full <b>Charlotte Howard</b>		Town <b>Norwood</b>		County <b>Montg</b>		CERTIFICATE OF DEATH	
Died at		Month <b>Aug</b>		Day <b>3</b>		Years <b>91</b>	
Date of death <b>1905</b>		Months		Days		MARYLAND	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Md.</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband					
Father's Name <b>Jno H Atkins</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>Elija Rudd</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Malvina Johnson</b>		How related to deceased					
CAUSES OF DEATH							
Primary <b>Senility</b>		154		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W. T. Brown</b>		Address <b>Silver Spring Md.</b>			
Yes		●		Accident or Suicide?			



Name in Full

Certificate of Death

*Mary Hunter*  
 Died at *Foundling Hosp Bethesda Mont Co* MARYLAND  
 Date *1905* Month *8* Day *29* Age *0 9 29* Native of *D.C.* Occupation  
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widower* ~~Divorced~~ *Number of children living*

Husband  
 of  
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Chol. Colitis* Immediate *Chol. Colitis* } How long sick *Three weeks.*  
 Accident, Suicide, Homicide

Reported by *J. Wall M.D.*

Address *1232 - 14th Wash. D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063



Name  
in  
Full

CERTIFICATE OF DEATH

*Perle Jackson*  
Town *Fairland* County *Mont*

MARYLAND

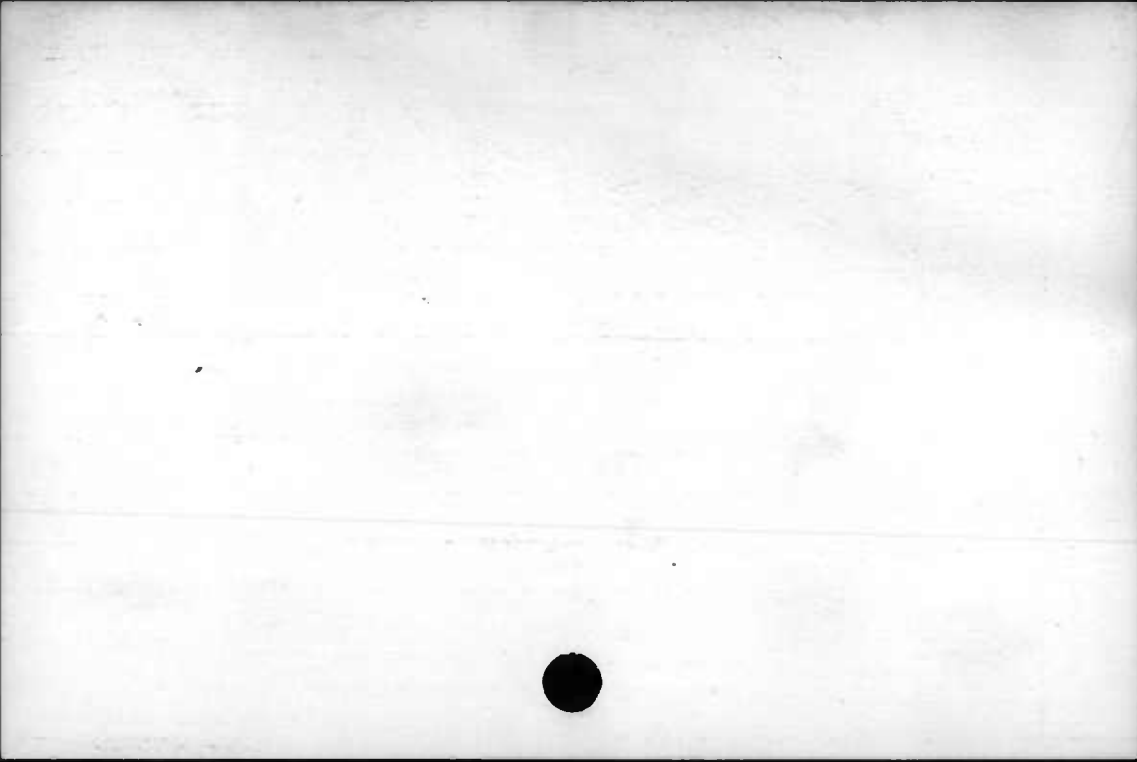
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Date of death		Age		Months		Days	
<i>Fairland</i>		<i>1907 Aug 6</i>		<i>9</i>		<i>5</i>		<i>3</i>	
Sex	Color or Race	Birth-place							
<i>Male</i>	<i>Black</i>	<i>Fairland</i>							
Occupation				Where Residing if not at place of death					
<i>School child</i>									
Married, Single or Widowed				Name of Wife or Husband					
<i>Single</i>									
Father's Name				Father's Birthplace					
<i>John Jackson</i>				<i>md</i>					
Mother's Maiden Name				Mother's Birthplace					
<i>Mary Jackson</i>									
Name of person giving information				How related to deceased					
<i>John Jackson</i>				<i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>15 days</i>
Immediate	<i>hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. R. Batson</i>	
		Address	
		<i>Spencerville md</i>	
Accident or Suicide?			



Name  
in  
Full

Laurie Claquett Jaffrey

## CERTIFICATE OF DEATH

Died at *Mor Rockville* <sup>Town</sup> *Montgomery* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *Aug.* <sup>Day</sup> *26* <sup>Years</sup> *30* Months DaysSex *Female* Color or Race *Caucasoid* Birth-place *MD*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Chas. Jaffrey*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Geo. Jaffrey* How related to deceased *Brother of*

## CAUSES OF DEATH

Primary *Typhoid fever* How long *1 week*Immediate *Exhaustion from delirium* How long

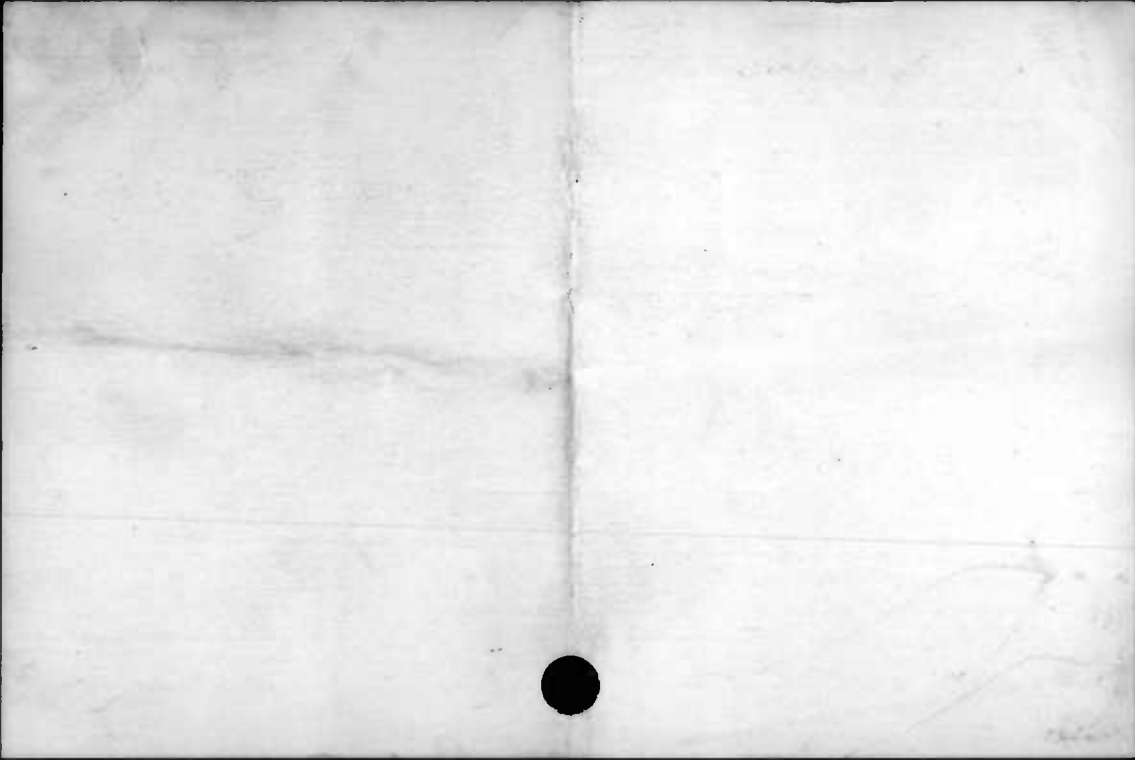
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*No**O. M. Lin the criminal*  
*Rockville*  
*MD*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Earl McDonald Leftwich

## CERTIFICATE OF DEATH

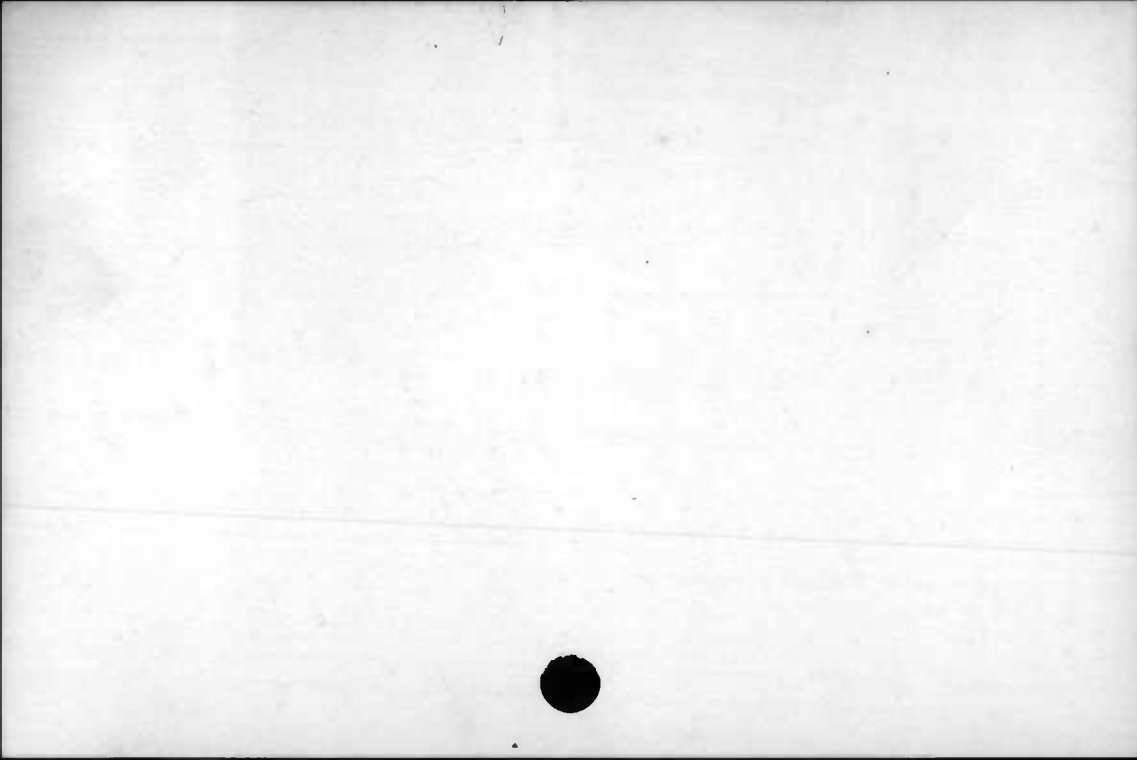
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wheaton</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>4</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jacob Leftwich</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Sarah Elizabeth Diggs</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Jacob Leftwich</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. T. Brown</i>
<i>Yes.</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

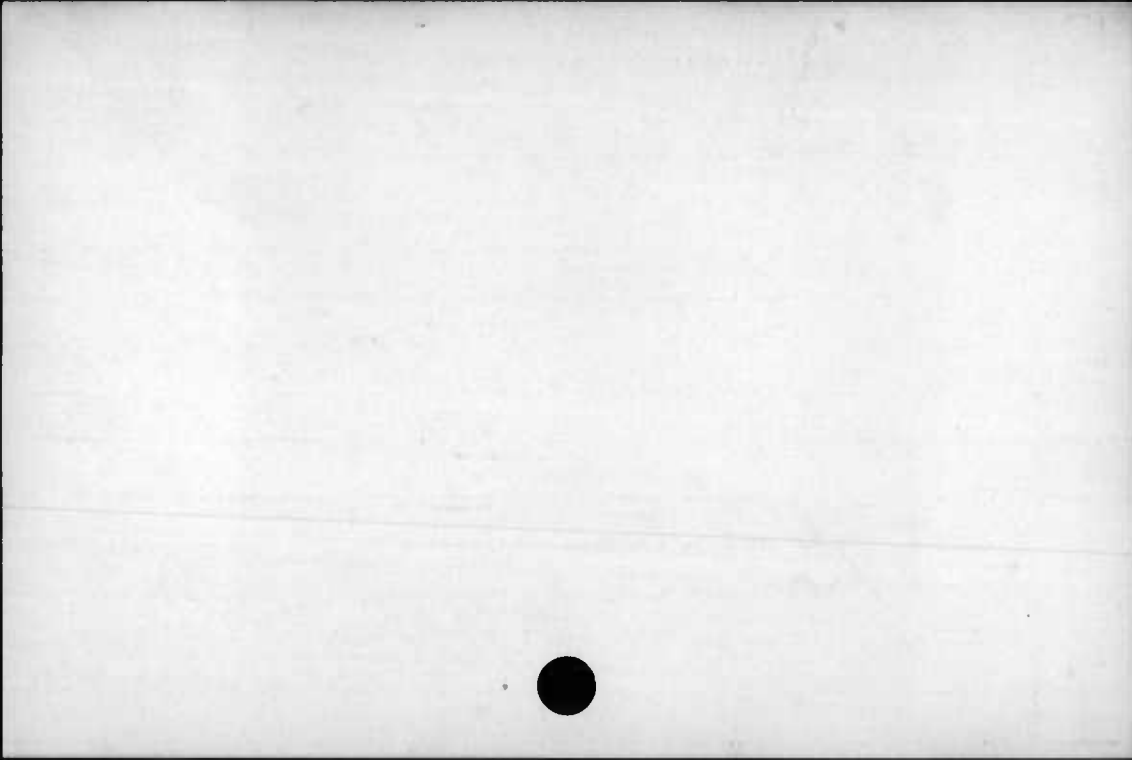
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lehigh Chase</i>		Town <i>Lehigh Chase</i>		County <i>Mont.</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>16</i>	Age <i>46</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>					
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name	Mother's Birthplace <i>Virginia</i>						
Name of person giving information	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>10 days</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Middleton T. Craftpert</i>
	Address <i>1462 R. I.</i>
Accident or Suicide?	



Name  
in  
Full

Susan Mangum.

## CERTIFICATE OF DEATH

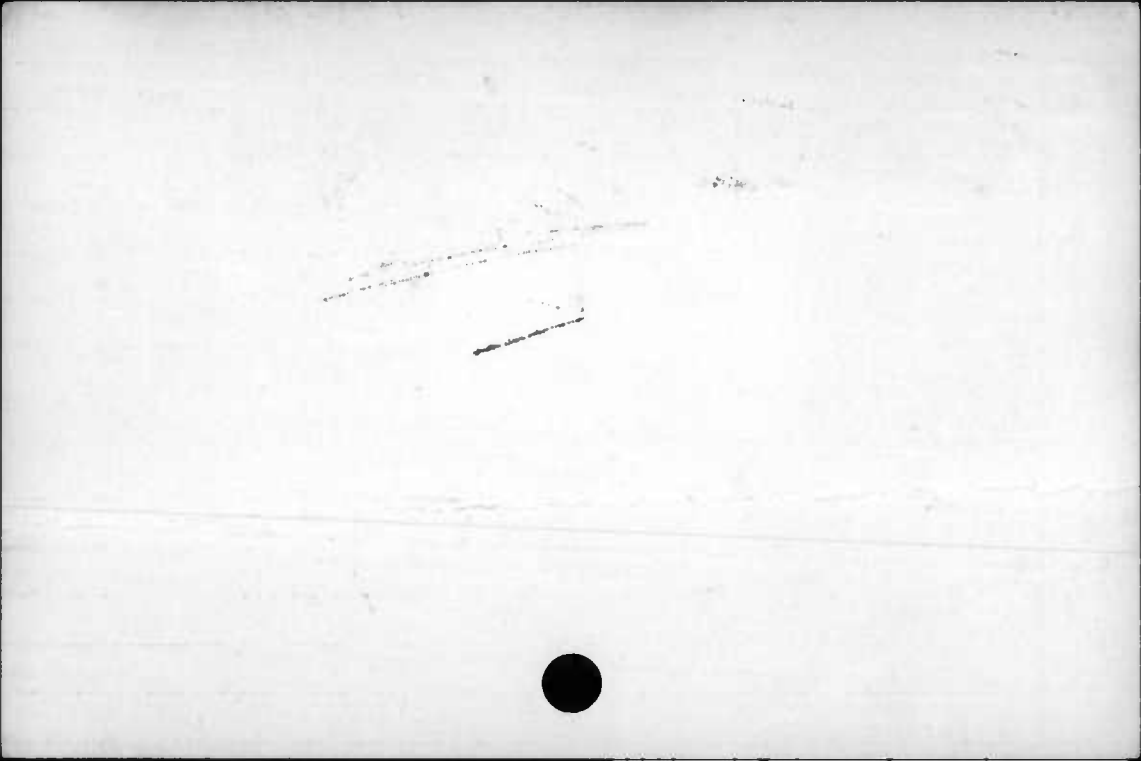
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakoma Park.</i>		Town <i>Lakoma Park.</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>Aug</i>		Day <i>4</i>		Age <i>73</i>	
Sex <i>F</i>		Color or Race <i>white</i>		Months <i>7</i>		Days <i>—</i>	
Married, Single or Widowed <i>widow</i>		Occupation <i>none</i>		Birth-place <i>Ireland</i>			
Name of Wife or Husband <i>John G. F. Mangum</i>							
Father's Name							
Mother's Maiden Name							
Name of person giving information <i>Edward H. Mangum</i>							
How related to deceased <i>son.</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritic</i>		How long	
Immediate <i>uraemia</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Geo.</i>		Signature of Physician <i>Alfred G. Parsons</i>	
		Address <i>Lakoma Park</i>	
Accident or Suicide?			



Name  
in  
Full

Elinoria Mathews

## CERTIFICATE OF DEATH

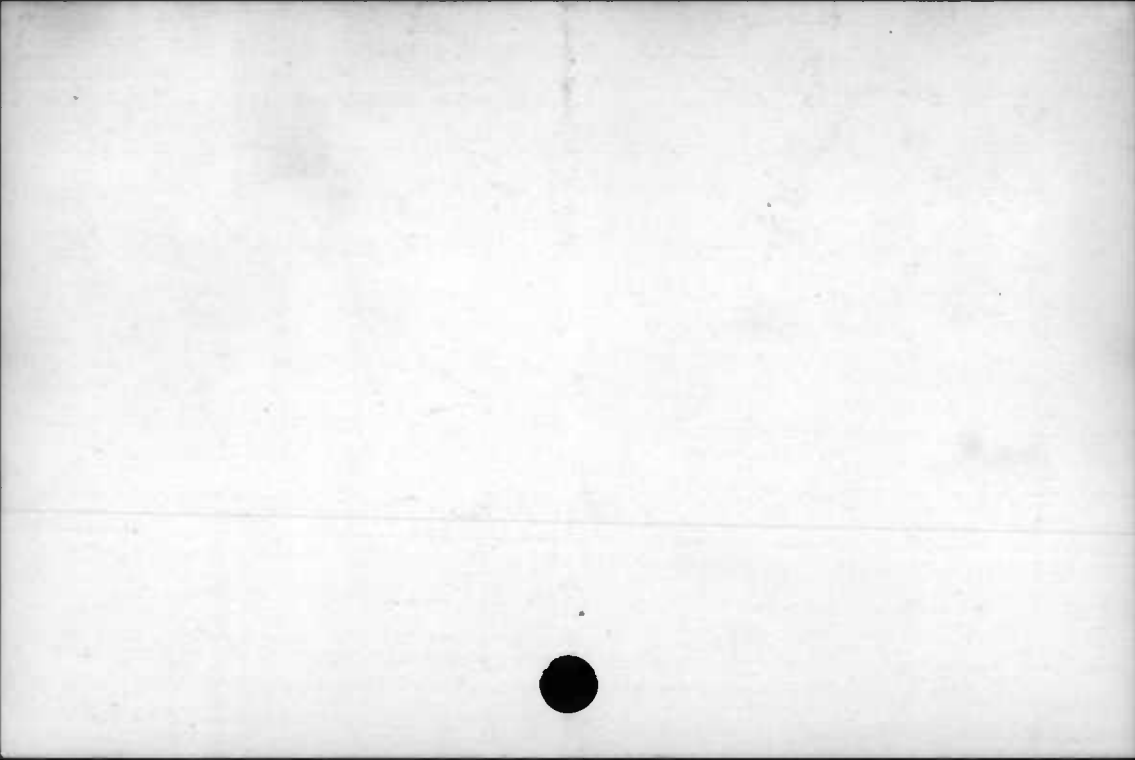
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Avenel</i>		Town <i>Montg</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>20</i>	Years	Months <i>5</i>	Days <i>21</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Fletcher Mathews</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Tom Smith</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Hemorrhage of bowels</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Brown</i>
<i>Yes</i>	Address <i>Silver Spring</i>
Accident or Suicide?	





Name  
in  
Full

Lottie Leaf Giles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at unity Town Thoutgornery County

Date of death 1905 Month aug Day 20 Age 16 Years Months 5 Days

Sex Female Color or Race Colored Birth-place Thoutgornery

Occupation School Girl Where Residing if not at place of death \_\_\_\_\_

~~Married, Single~~  
~~or Widowed~~

~~Name of Wife or~~  
~~Husband~~

Father's Name Jno. Green Father's Birthplace Thoutg. Co

Mother's Maiden Name Rose Jones Mother's Birthplace Thoutg. Co

Name of person giving information Richard Miles How related to deceased Step. Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Influenza ~~and~~ Assumption How long 8 Weeks

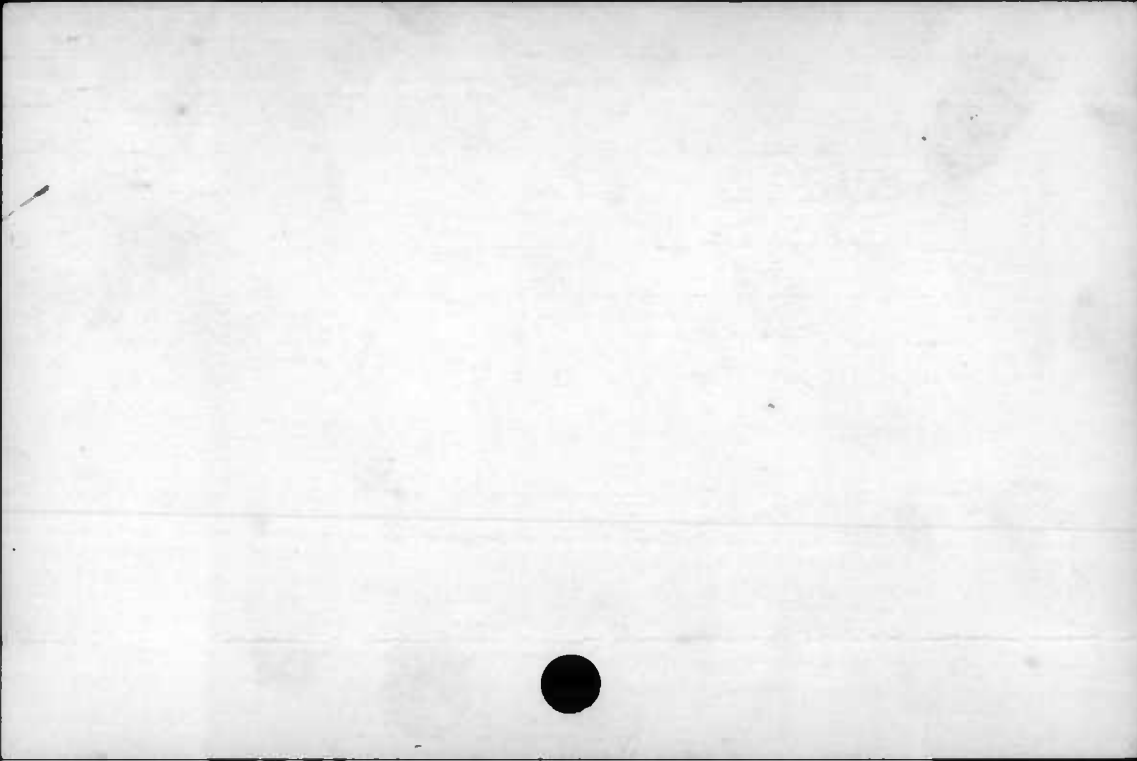
Immediate Dilatation of Heart How long about 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Harry B. Skinner

Address unity Md

Accident or Suicide? \_\_\_\_\_



Name in Full

Certificate of Death

John Osborn.

Town

County

Died at

Fountain, Harf Beckesda, Mont. Co. MARYLAND

1901

Month

Day

Y

M.

D.

Native of

Occupation

Date

8 24

Age

0 3 19

D.C.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Narasmus

Death

Immediate

Exhaustion

How long sick

During life

Accident, Suicide, Homicide

Reported by

J. Wall M.D.

Address

1232 14th St.

Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Dr W. L. Lewis  
Kensington,  
Md. Co, Md.

Name in Full

Certificate of Death

Fred Roy ?

Town

County

Died at Foundlings Hosp. Bethesda - Montgo, MARYLAND

1905

Month

Day

Y

M.

D.

Native of

Occupation

Date 189

8

4

Age

0

3

2

D.C.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of ?

Wife

Father's ?

Name

Mother's

Name

Cause of Primary

Morasmus.

Death Immediate

Exhaustion.

How long sick

During life.

Accident, Suicide, Homicide

Reported by

Wallace

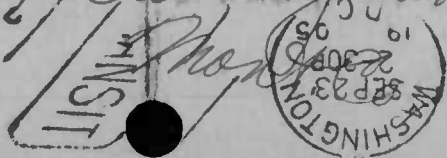
Address

1232-14th St. Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr W. L. Lewis  
Kensington,  
Phosphor  
Md.



Name  
in  
Full

*Reddick*

CERTIFICATE OF DEATH

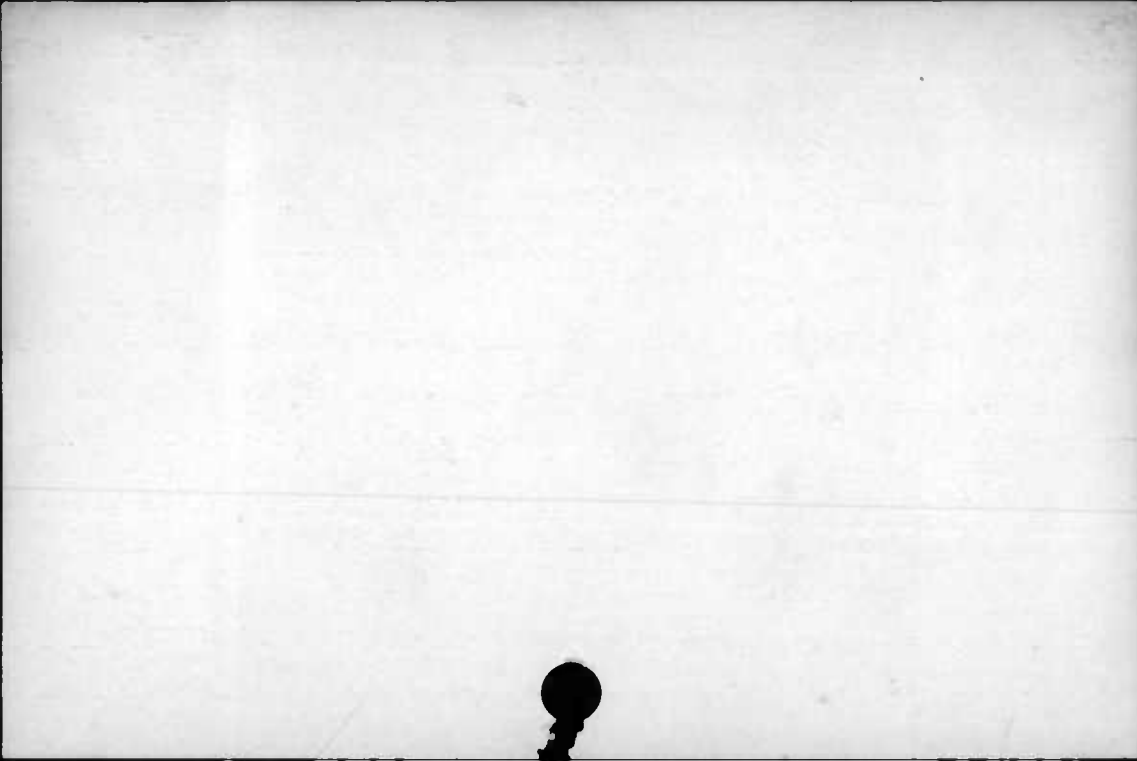
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Brighton</i>		Town <i>Brighton</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Aug.</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Montg. Co. Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Martin Reddick</i>				Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Bessie Swan</i>				Mother's Birthplace <i>Montg. Co. Md.</i>			
Name of person giving information <i>Martin Reddick</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	<i>93</i>	How long	<i>3 or 4 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Chas. Farquhar, M.D.</i>	
			Address <i>Wheat Med.</i>	
Accident or Suicide?				





Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5- 8- 24

Age 20

Ma.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

C. H. Nurse M D

Dorchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

THEIR

THEIR

THEIR

THEIR



Mrs John W. - Spague

Town

County

Died at

MARYLAND

Date

1905

Month

8

Day

27

Age

83

Y.

M.

D.

Native of

Ohio

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

- 5 -

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

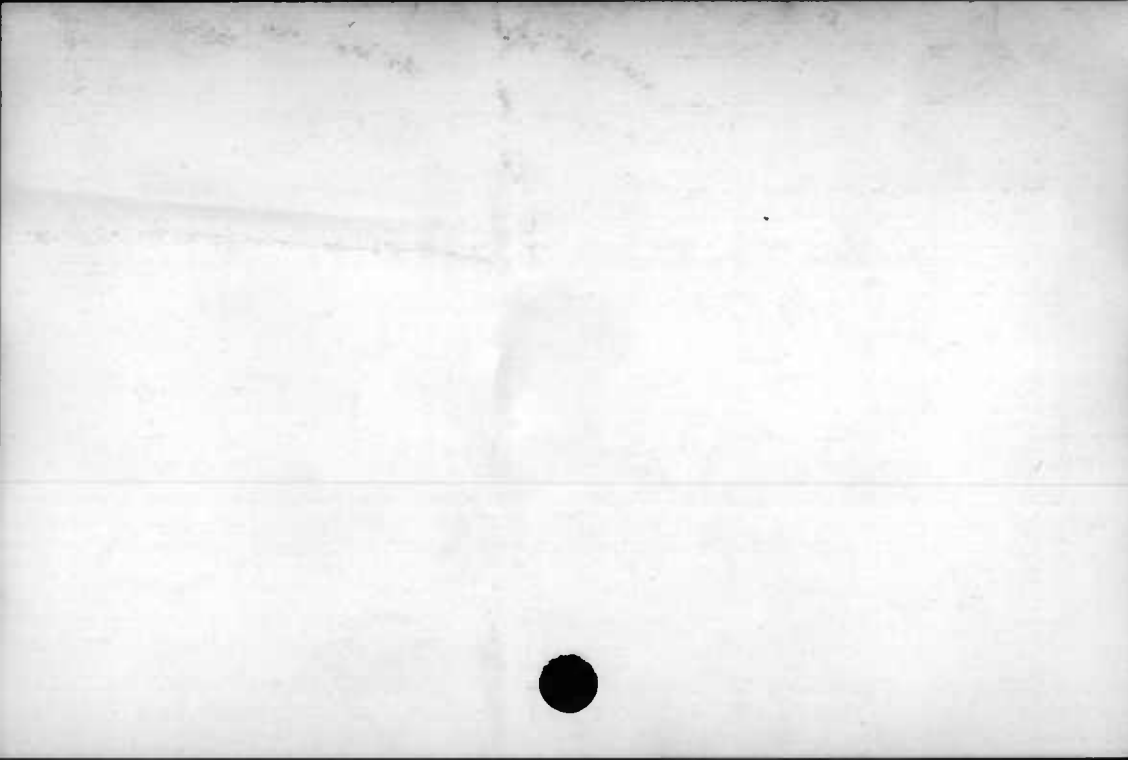
Perry Sullivan

## CERTIFICATE OF DEATH

Died at *Bolesville* <sup>Town</sup> *Montg* <sup>County</sup> **MARYLAND**Date of death *1905* <sup>Month</sup> *Aug* <sup>Day</sup> *28* <sup>Years</sup> *80* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Md.*Occupation *Farmer* Where Residing if not at place of death *Catherine Thompson*Married, Single or Widowed *Married* Name of Wife or Husband *Catherine Thompson*Father's Name *Richard Sullivan* Father's Birthplace *Md.*Mother's Maiden Name *Elizabith Todd* Mother's Birthplace *"*Name of person giving information *Catherine Sullivan* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Carcinoma* *45* How long *Five years*Immediate *Syncope* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Brown*Address *Burnt Mills*Accident or Suicide? *Md.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Julius Arthur Hackett Walker

Died at <sup>Town</sup> near Sandy Spring <sup>County</sup> Montgomery MARYLANDDate 1905- Aug. 22 | Age - 2-7 | Native of Montg. Md. | Occupation —  
Male ~~White~~ Married ~~Widow~~ Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Thill Hackett

Mother's

Maiden Name

Walker  
Stella Hackett

Cause of

Primary

Whooping Cough

How long sick

about 3 weeks

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

Thomas Walker

Address

Sandy Spring, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





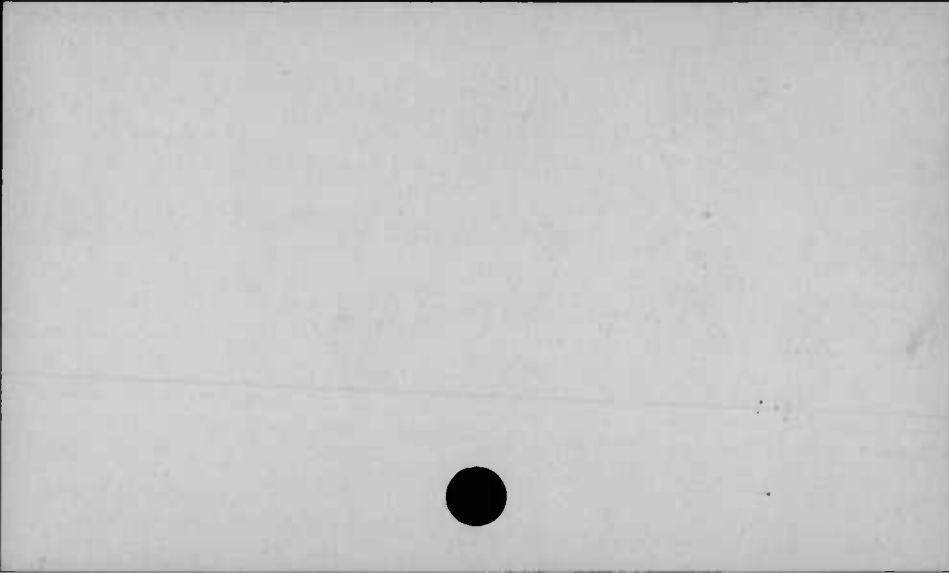
Name in Full

Certificate of Death

*Mary Helen Walker*  
 Town County  
 Died at *Sandy Spring Mountgometry* MARYLAND  
 Date 1905 *Aug 7* Month Day Y. M. D. Native of *Mountg. Co. Md* Occupation  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living  
 Husband of  
 Wife  
 Father's Name *Thomas W. Walker* Mother's Name *Mary E. Bond*  
 Cause of Death { Primary *Whooping Cough* Immediate *Asphyxia, Strangulation.*  
 How long sick  
 Accident, Suicide, Homicide  
 Reported by *Thos. W. Walker (Father.)*  
 Address *Sandy Spring, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Annice Watts

CERTIFICATE OF DEATH

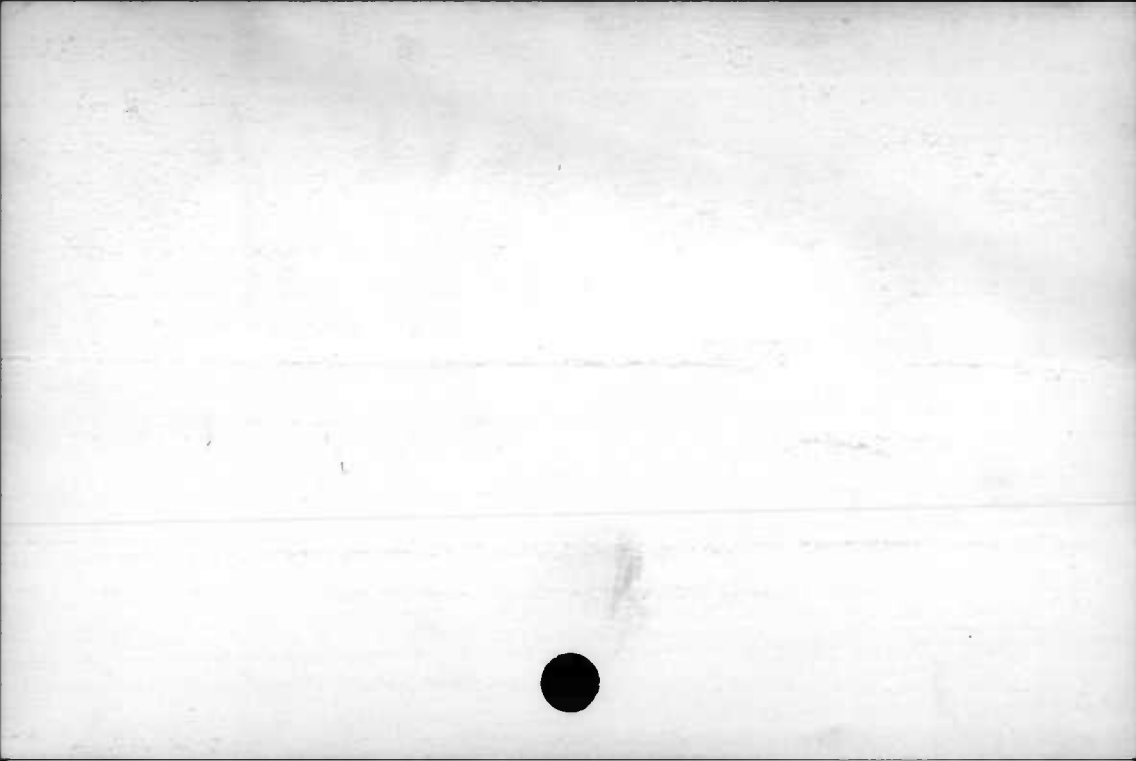
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edmon</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	<u>1905</u>	Month <u>Aug</u>	Day <u>6</u>	Age <u>68</u>	Years <u>68</u> Months <u></u> Days <u></u>
Sex	Color or Race			Birth-place	
Occupation	<u>Labourer</u>			Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband <u>John Watts</u>				
Father's Name	<u>Bill Hinton</u>			Father's Birthplace <u>Ashton</u>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<u>James Hinton</u>			How related to deceased <u>Nephew</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>dropsy</u>	How long	<u>2 month</u>
Immediate	<u>Heart failure</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. R. Burton</u>
		Address	<u>Spencer</u>
Accident or Suicide?			



Learna Watts

Town

County

Died at

Sandy Spring

Montgomery

MARYLAND

Date

1905

Month

8

Day

22

Y.

M.

D.

Native of

Occupation

Age

65

Md

Servant

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

three

Husband

of

John Watts

Wife

Fether's

Name

Mother's

Name

Mary Hemmick

Cause of

Primary

Enlarged Gritor

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Roger Brubaker

Address

Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

